PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Do	ocket Number
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01519018

(Column 1) (Column 2)						SMALL I	ENTITY	OR	OTHER SMALL				
FC	R			R FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
BA	SIC FEE					345.00	OR	.,,	690.00				
то	TOTAL CLAIMS 45 minus 20= + 35				X\$ 9=	335	OR	X\$18=					
IND	EPENDENT CL	AIMS	1	minus	3 =	. 11			X39=	4299	OR	X78≃	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=	- 007	OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	494	OR	TOTAL			
CLAIMS AS AMENDED - PART II										OTHER			
			umn 1)		((Column 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A	e e	REM. AF	AIMS AINING TER IDMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus			=		X\$ 9≈		OR	X\$18=	
AME	Independent FIRST PRESE	*	N OF M	Minus	DENI		=		X39=		OR	X78=	
	FINOT PRESE	INTATIC	DIN OF IVIC	LIIPLE DE	FEIN	DENT CLAIM		' [+130=		OR	+260=	
									TOTAL		OR	TOTAL ADDIT. FEE	
		(Coli	umn 1)		11	Column 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
		CL	AIMS		T	HIGHEST		1 1		ADDI-			ADDI-
AMENDMENT B		AF	AINING TER IDMENT		P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	N OF M	Minus	DEM				X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF IVI	JLIPLE DE	·	DENT CLAIM		1	+130=		OR	+260=	
								•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Col	umn 1)		(Column 2)	(Column 3)				_		
ENT C		REM Al	AIMS IAINING FTER NDMENT		P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
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Ĺ	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PEN	IDENT CLAIM				 			
	If the entry in colu	ımn 1 ic l	less than t	ne entry in col	umn '	2 write "O" in o	olumn 3		+130=		OR	+260=	
**	If the "Highest Nu	mber Pr	eviously Pa	aid For" IN TH	IIS SF	PACE is less tha	an 20, enter "20)."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

ATTACHMENT TO PTO 1533

Notification of Insufficient Funds

This is notif	y you that Deposit Account # 500436
on 0951809	_ had insufficient funds available to charge
the required fee.	
Current Balance:	B (042)

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09518098
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Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee =	Total
Basic Filing Fee Total Claims >20 Independent Claims >3 Mult. Dep Claim Present Surcharge English Translation	Sm./Lg. 201/101 203/103 202/102 204/104 205/105	11.0	20 = 25 3 = 1	x x	Sm. Entity 345 9 39 130 65	Lg. Entity (<u>90</u> - 18 - 78 - 260 - 130 - 1	345 525 429 730
TOTAL FEE CALCULA	ATION						799
Feet due unon filing t	ha annliastica.						

Fees due upon filing the application:

Total Filing Fees Due =	\$_	999
Less Filing Fees Submitted	-\$_	357
BALANCE DUE	= \$ _	442

Office of Initial Patent Examination